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AUTHOR Walker, Lynn S.
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ABSTRACT

Parents of chronically ill children are faced with the difficult task of being vigilant and yet not overprotective of their children. The literature suggests that parents hold a positive bias toward their ill children. Attribution theory gives a framework in which to study parents' ideas about their children's behavior. A study was conducted to test the hypothesis that if parents are particularly tolerant of the behavior of chronically ill children, then parents would be expected to make attributions that minimize negative child behavior and accentuate positive child behavior. Participants included 24 mothers of children with insulin-dependent diabetes, 24 mothers of children with cystic fibrosis, and 24 mothers of healthy children. Ages of children ranged from 8 to 18. Mothers described two compliant interactions with the child and two noncompliant interactions and then rated the causes as internal to the child, stable or unstable, controllable or uncontrollable by the child, and specific or global. Mothers in general attributed their children's positive behavior to be more internal and stable than current research suggests. Mothers of the chronically ill children exhibited even greater positive bias, finding global implications for positive behavior and specific causes for negative behavior. (ABL)

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Mothers' Attributions Regarding the Behavior of Chronically Ill Children

Lynn S. Walker, Ph.D.
Center for the Study of Families and Children
Vanderbilt Institute for Public Policy Studies
Nashville, Tennessee

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Abstract

In this study attribution theory serves as a theoretical framework for testing the hypothesis that mothers of chronically ill children perceive the everyday behavior of their children in a different way than do mothers of healthy children. Data are presented to show that, in general, mothers of chronically ill children hold a more positive bias toward their children than do other mothers, but that the positive bias varies according to the degree to which the mothers perceive the child as difficult to manage.

Mothers' Attributions Regarding the Behavior of Chronically Ill Children

Parents of a chronically ill child perform a delicate balancing act between concern and preoccupation with the child's vulnerability (Drotar, Crawford, & Bush, 1984). Inadequate vigilance jeopardizes the child's health. Overprotection, on the other hand, makes the child a prisoner of the illness without access to normal social developmental processes (Greene & Solnit, 1964; Kearsley, 1979).

Clinical lore is replete with examples of solicitous behavior of parents toward their chronically ill children. Whitt (1984) quotes one of these children: "Before I became ill, my parents never let me get away with bad behavior. Now, I can even hit my little sister without being punished." It makes sense that parents who are thankful for every day with their children would be more tolerant of negative behavior. It is easy to see how the child could become someone special who, in the parents' eyes, could do no wrong.

If parents do hold a positive bias toward their chronically ill children, then we would expect their perceptions of their children's behavior to differ from those of parents of healthy children. Attribution theory provides a useful framework to study parents' thinking about their children's behavior. This approach assumes that people routinely make inferences about the causes of other's behavior. Parents, for example, seek to understand why their children behave the way they do.

Weiner and his colleagues have formulated a model that specifies various dimensions of causal attributions (Weiner, 1979, 1980; Weiner, Graham, & Chandler, 1982). Placement of a cause on each of the dimensions is a subjective matter, dependent upon the phenomenology of the perceiver. For example, two mothers might both attribute their children's failure to do

homework to "stubbornness," yet different cognitions regarding stubbornness could be revealed in their ratings of stubbornness on four attributional dimensions:

1. The internal-external dimension refers to the locus of the cause. Is stubbornness a characteristic of the child, or does the parent somehow construe stubbornness as situational?

2. The controllability dimension refers to the degree of control the child exerts over the cause. Does the parent believe that the child cannot help being stubborn, or that the child could exercise more self control over the stubbornness?

3. Stability refers to the duration of the cause over time. Does the parent believe that the stubbornness is an enduring quality, or merely a momentary reaction?

4. Specificity refers to the presence of the cause across different situations. Is the child only stubborn when it comes to homework, or does this stubbornness appear in many other situations?

By examining the attributional ratings that individuals make about the causes of behavior, researchers make inferences about attributional biases, i.e., patterns of perception that reflect the perceiver's subjective view of the world (see Bradley, 1978). For example, if a parent regards the causes of a child's positive behavior as more internal and stable than the causes of negative behavior, then this would be evidence of a more positive view of the child than that of a parent who made the opposite attributions.

As attribution models have been applied to the study of close relationships, e.g. between spouses or between parent and child, it has become clear that the quality of the relationship is a critical factor influencing attributions made by partners regarding each other's behavior (Fincham, in press). Fincham (in press) reviewed several studies testing the hypothesis

that distressed couples are more likely to make causal attributions which undermine or neutralize positive spouse behavior but which accentuate the impact of negative behaviors. The same hypothesis has been tested in studies of the attributions that child abusing parents make about their children's behavior (Golub, 1984; Rosenberg & Reppucci, 1983).

The present study tested an extension of this hypothesis. If parents are particularly tolerant of the behavior of chronically ill children, then one would expect parents to make attributions that minimize negative child behavior and accentuate the impact of positive behavior. There is already evidence that normal parents make causal attributions that place their children in a favorable light (Dix & Grusec, in press; Golub, 1984; Vernberg & Medway, 1981). There are several reasons that parents of chronically ill children might demonstrate an even more positive pattern of attributions regarding their children's behavior than do the parents of normal healthy children. For example, the illness or its side effects are compelling alternative explanations for any child misbehavior, and thus negative child behaviors are more easily dismissed as not reflective of the child's personality. Furthermore, the prospect of the possible loss of the child may heighten parents' awareness of the child's positive qualities.

One way that a positive bias toward chronically ill children could be demonstrated is in the parents' ratings of the causes of their children's everyday behavior. If the parents of chronically ill children emphasize the positive aspects of their children, then they should rate the causes of the children's positive behavior as significantly more internal, stable, controllable or global than the causes of their negative behavior. If their positive bias is greater than that of parents of healthy children, then the difference between their ratings of positive and negative behavior on the

attribution dimensions should be even greater than for parents of healthy children.

Although there may be a general tendency for parents of chronically ill children to make more favorable attributions about their children's behavior, this positive bias is unlikely to be uniformly true for parents of chronically ill children. Distressed relationships have been associated with negative attributional biases (Fincham, in press). Thus, in families where the parents feel more burdened by the demands of caring for a chronically ill child, one would expect to find a less positive bias toward the child.

The present study was designed to examine (a) differences in the attributions of mothers of chronically ill versus healthy children, and (b) differences in the attributions of mothers who perceive their chronically ill children as difficult to care for versus those who perceive the burden of care as light.

Method

Sample. The sample consisted of 24 mothers of children with insulin-dependent diabetes, 24 mothers of children with cystic fibrosis, and 24 mothers of healthy children. The target children from each condition were evenly distributed across three age categories: 8 to 9 year olds; 11 to 14 year olds, and 15 to 18 year olds. The conditions were equivalent in terms of level of maternal education and family socioeconomic level.

Procedure. Subjects were recruited from the Vanderbilt University Medical Center clinics and from private physicians.

Mothers were asked to describe four typical interactions with the target child: two involving the child's noncompliance and two involving compliance. After describing each incident the mother was asked to nominate the primary cause of the child's behavior. Mothers then rated that cause on the four

attributional dimensions. Using 5 point response categories mothers rated the causes as (a) internal to the child versus external or situational, (b) stable or unstable, (c) controllable or uncontrollable by the child, and (d) specific to the particular situation or global. The final portion of the interview was Holroyd's (1985) Questionnaire on Resources and Stress (QRS) which includes a subscale measuring the extent to which parents perceive their child as difficult to manage.

Results

Responses to the two incidents of noncompliance were summed, as were responses to the two incidents of compliance, in order to form more stable measures.

Analyses of variance included two between subjects factors (group and age) and one within subjects factor (the positive versus negative valence of the child's behavior) using each of the four attribution dimensions as a dependent measure. Regardless of age and health condition, mothers attributed their children's positive behavior to causes that they rated as more internal and stable than the causes of negative behavior (on the internal-external dimension, F (1,63) = 11.22, $p < .001$, M positive behavior = 5.18, M negative behavior = 4.07; on the stability dimension, F (1, 63) = 7.44, $p < .01$, M positive behavior = 4.90, M negative behavior = 5.89. There was also a trend for the mothers to attribute positive behavior to factors that were more controllable by the child, F (1,63) = 3.47, $p < .07$. Thus, the total sample of mothers made attributions consistent with those reported in earlier studies that included only mothers of normal children, emphasizing dispositional causes of the children's positive behavior and minimizing dispositional causes of negative behavior.

There was a significant Group X Valence of Child Behavior interaction for the specific-global dimension of causality, F (2,63) = 4.08, $p < .02$.

Analysis of simple effects indicated that the two chronically ill groups accounted for this effect. Mothers of children with diabetes or cystic fibrosis rated the causes of their children's positive behavior as more global than the causes of their children's negative behavior, F (1, 69) = 15.13 and 21.06, respectively, $p < .001$. Mothers of healthy children, on the other hand, rated the causes of positive and negative behavior as equally global, F (1,69) = 0.39, ns. Figure 1 presents ratings on the specific-global dimension made by the three groups of mothers for their children's positive and negative behaviors.

Insert Figure 1 about here

In the second set of analyses, attributions were examined in relation to the quality of mother-child relationship. It was hypothesized that mothers who experienced their chronically ill children as difficult to manage would be less likely to make attributions indicative of a positive bias toward the child. The correlations between the Dependency and Management Subscale of the QRS and the attribution dimensions were computed for the chronically ill groups. Table 1 presents the items for the Dependency and Management Subscale. Most of the items are evaluative, and thus probably reflect underlying feelings of the mother about her caretaking role. Table 2 presents the correlations between the Dependency and Management Subscale and the mothers' attribution ratings. Results indicate that for mothers of chronically ill children there is a consistent relationship between the perceived degree of difficulty in managing the child and a pattern of attributions that emphasizes positive or negative qualities of the child.

Mothers who found their children difficult to manage perceived the causes of negative behavior as internal to the child, stable, and global, but

regarded positive behavior as due to unstable situational factors that the child could not control. On the other hand, mothers who perceived their chronically ill children as easy to care for tended to attribute their children's negative behavior to factors that were external to the child, unstable, and specific only to the particular incidents described, while they attributed their children's positive behavior to factors internal to the child that were stable and controllable by the child. In general, the correlations were significant and in the expected direction, with the exception of the controllability dimension for negative behavior. One might predict that the more mothers viewed their children as difficult, the more they would perceive the child as controlling his negative behavior, i.e., willfully misbehaving. Instead, there was a tendency for mothers who perceived their children as more difficult to report that the child had less control over his behavior. Perhaps this reflects a belief that the child's negative behavior is related to an unchanging trait, e.g., poor self-control.

Discussion

The finding that mothers in general attribute their children's positive behavior to more internal and stable (thus, dispositional) factors than their negative behavior is consistent with emerging research in the area. This pattern might be regarded as a "self-serving" attributional bias (Bradley, 1978) particular to parents: in attributing positive behavior to stable characteristics of the child, parents win indirect credit for their success in raising a "good" child.

The present data suggest an even greater positive bias in mothers of chronically ill as opposed to healthy children. Mothers of children with cystic fibrosis and diabetes appeared to regard the causes of their children's positive behavior as having global implications (i.e., the cause was seen as influencing many aspects of the child's life), but viewed the causes of

negative behavior as specific to the particular incidents described. This pattern of attributions may represent a positive labelling of the child that is particularly adaptive for parents of chronically ill children if it reinforces the extraordinary support rendered by many parents in caring for these children.

Of course, some parents of chronically ill children may regard the caretaking demands as a greater burden than others, and their distress should be reflected in less positive patterns of attributions. In fact, attributions varied according to the perceived degree of difficulty in managing the child, in a pattern consistent with that observed as a function of distress in adult relationships (Fincham, in press). The more mothers perceived chronically ill children as difficult to care for, the more their attributions would tend to reinforce their perceptions by associating negative behavior with stable global child characteristics, and by linking positive behavior to unstable situational factors beyond the child's control. On the other hand, to the extent that mothers perceived chronically ill children as easy to manage, there was a positive valence to the pattern of attributions they made about particular child behaviors: negative behavior was discounted by attributing it to unstable factors specific to a particular incident, while the significance of positive behavior was emphasized by attributing it to stable factors under the child's control.

Fincham (in press) has suggested that "attributions may serve as repair mechanisms in a relationship." It may be that attributions about child behavior serve this function for some mothers of chronically ill children. The attribution of positive behavior to more stable, controllable child characteristics and negative behavior to more unstable, specific, situational factors may allow these mothers to dissociate their children from episodes of

negative behavior. Thus, even when the children misbehave their positive reputations would not tarnish. By accentuating the positive and eliminating the negative they would avoid a cumulation of resentments toward the child.

An important direction for future research is the role of attributions in mother and child behavior. One might ask whether attributions contribute to a self-fulfilling prophecy (Shaver, 1975). For example, a mother who attributes her child's compliance to a factor controlled by the child may be more likely to praise the child and thus would increase the likelihood of future compliance and reinforce a perception of the child as easy to manage. The mother who attributes compliance to a factor not controlled by the child may be less likely to praise the child, and thus would decrease the likelihood of future compliance and reinforce a perception of the child as difficult to manage.

The data reported here only allow speculation about the function of attributions in the parent-child relationship. Nonetheless, the data demonstrate that mothers who feel least burdened by caring for their chronically ill children interpret their children's behavior in ways that favor the child. In some instances the mothers' perceptions may seem exaggerated, as in the case in this study of the mother of a teenager with cystic fibrosis who reported, "Since the day she was born she has been a perfect child." Given that it is the mothers with these positive biases who report the best relationships with their children, health professionals should be cautious about challenging what may appear to be unrealistically positive perceptions of chronically ill children.

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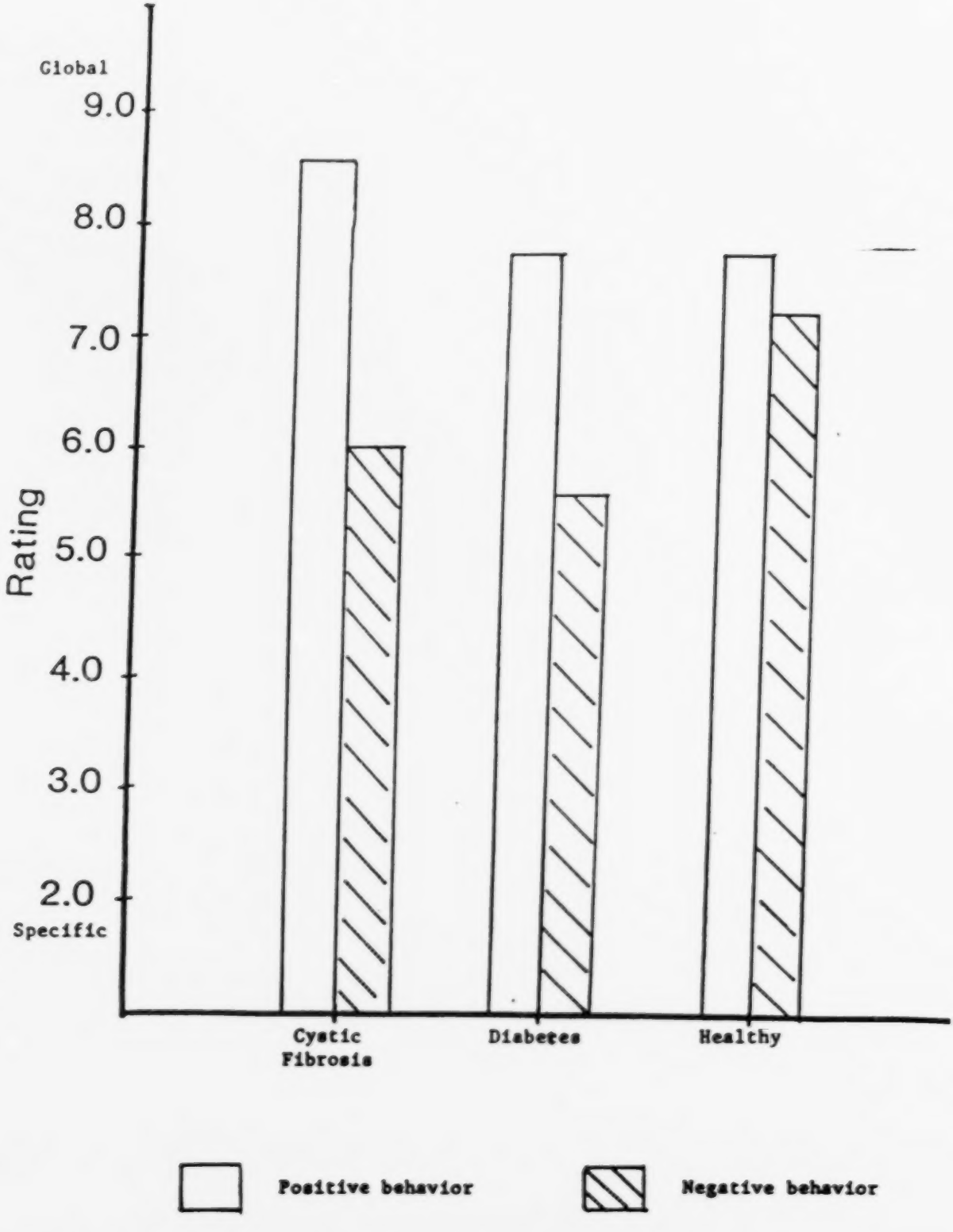

Figure 1. Group by Valence of Child Behavior interaction for the specific-global dimension of causality.

TABLE 1

DEPENDENCY AND MANAGEMENT SUBSCALE

QUESTIONNAIRE ON RESOURCES AND STRESS (HOLROYD)

1. (CHILD'S NAME) DEMANDS THAT OTHERS DO THINGS FOR HIM/HER MORE THAN IS NECESSARY. (TRUE)

2. IF (_____) WERE MORE PLEASANT TO BE WITH IT WOULD BE EASIER TO CARE FOR HIM/HER. (TRUE)

3. (_____) IS EASY TO LIVE WITH. (FALSE)

4. (_____) DOESN'T DO AS MUCH AS HE/SHE SHOULD BE ABLE TO DO. (TRUE)

5. IT IS EASY TO KEEP (_____) ENTERTAINED. (FALSE)

6. (_____) IS VERY IRRITABLE. (TRUE)

TABLE 2

CORRELATIONS BETWEEN ATTRIBUTION DIMENSIONS AND QRS DEPENDENCY AND MANAGEMENT SUBSCALE FOR CHRONICALLY ILL GROUPS

	DIABETES N=24	CYSTIC FIBROSIS N=24	DIABETES AND C.F. N=48
NEGATIVE BEHAVIOR			
INTERNAL-EXTERNAL	-09	-33*	-19+
STABLE-UNSTABLE	-57**	-43**	-48***
CONTROLLABLE-UNCONTROLLABLE	28+	21	26+
GLOBAL-SPECIFIC	-71***	-46**	-58***
POSITIVE BEHAVIOR			
INTERNAL-EXTERNAL	39*	21*	35**
STABLE-UNSTABLE	18	55**	29*
CONTROLLABLE-UNCONTROLLABLE	41*	26+	39**
GLOBAL-SPECIFIC	10	21	16

+P< .10

*P< .05

**P< .01

***P< .001

NOTE. A HIGH SCORE ON THE DEPENDENCY AND MANAGEMENT SUBSCALE INDICATES THE CHILD IS PERCEIVED AS DIFFICULT TO MANAGE. ATTRIBUTIONAL DIMENSIONS ARE SCORED IN THE DIRECTION OF THE SECOND WORD IN EACH BIPOLAR PAIR.